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Bib Data Sheet

CONFIRMATION NO. 1695

<b>SERIAL NUMBER</b> 10/027,157	<b>FILING DATE</b> 12/20/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> ARTM 1000-6US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/900,801 07/06/2001  
WHICH IS A CON OF 09/336,360 06/18/1999 PAT 6,270,464  
WHICH CLAIMS BENEFIT OF 60/090,243 06/22/1998  
AND CLAIMS BENEFIT OF 60/092,734 07/14/1998  
AND CLAIMS BENEFIT OF 60/114,863 01/06/1999  
AND CLAIMS BENEFIT OF 60/117,421 01/27/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 3	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged.	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

## ADDRESS

22470

## TITLE

Biopsy localization method and device

<b>FILING FEE RECEIVED</b> 802	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit